

October 2002 Survey
Public School Choice and Supplemental Educational Services

School Division_____

- **Issue 1:** Complete the information as requested.

A. Total number of students whose public school choice requests could not be granted: (from Survey #1)	Name of Provider	Subject Area Focus	Time of Service	Commencement Date of Service	Termination Date of Services	For DOE Use
B. Number of students scheduled to receive supplemental educational services due to the division's inability to grant the number of public school choice requests above: (A and B should be the same. If they are not, attach justification.)		R - Reading E - English LA - Language Arts W - Writing M - Mathematics S - Science SS - Social Studies H - History G - Geography	B - Before School A - After School W - Weekends S - Summer O - Other to be Determined			
C. Number of <u>other</u> eligible students.						
D. Number of <u>other</u> eligible students scheduled to receive supplemental educational services: (The division is encouraged to serve as many eligible students as possible.)						
Below, group numbers of students receiving services by provider name.						
Example: 10 students	University Instructors	R/M/H	A	Oct. 30, 2002	June 1, 2003	
Example: 5 Students	Sylvan	E	W	Oct. 29, 2002	June 15, 2003	
Total Number of students receiving services						

- **Issue 2:** To date, list **specific** ways the school(s) and division are using the Title I Accountability funds. Refer to the budget each school/division submitted with the application. As an example, list **specific** professional development activities with providers of those services, personnel hired, instructional programs or models purchased, related services contracted, etc. that are being funded with the \$108,367 allocation per school. Categorize expenditures by the standard Object Codes, as reflected in the budget submitted with your application.